MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _10/229135_   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3		2		2			53						
4		2		2			54						
5							55						
6							56						
7							57						
8			Cancel				58						
9							59						
10							60						
11							61						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			10				TOTAL CLAIMS						